

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						*										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.					
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
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19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25	1						75									
26							76									
27							77									
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31							81									
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40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3															
TOTAL DEP.	22															
TOTAL CLAIMS	25															

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS